

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

<p>1. Name and Mailing Address of Respondent</p> <p>FARMERS MUTUAL TELEPHONE COOPERATIVE PO BOX 389 SHELLSBURG IA 52332</p>		<p><input type="checkbox"/> Check here if this is a change of address.</p>
<p>2. Year Report Filed</p> <p>2018</p>	<p>3. Reporting Period (Ending Date of Pay Period Covered by Report)</p> <p>JANUARY 2018</p>	<p>4. Number of Full-Time Employees during Selected Reporting Period (check one):</p> <p>a. <input type="checkbox"/> Fewer than 16 (complete Sections I, IV, and V only)</p> <p>b. <input checked="" type="checkbox"/> 16 or more (complete all sections)</p>

SECTION II - Full-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N
	Race/Ethnicity														
	Hispanic or Latino		Not-Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers 1.1			1												1
First/Mid-Level Officials and Managers 1.2			1						1						2
Professionals 2			1						2						3
Technicians 3			6												6
Sales Workers 4															0
Administrative Support Workers 5									5						5
Craft Workers 6															0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
<b>TOTAL 10</b>	0	0	9	0	0	0	0	0	8	0	0	0	0	0	17
<b>PREVIOUS YEAR TOTAL 11</b>	0	0	10	0	0	0	0	0	7	0	0	0	0	0	17

SECTION III - Part-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5								1							1
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
<b>TOTAL</b>	10	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
<b>PREVIOUS YEAR TOTAL</b>	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.

- This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.
- This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	Typed or Printed Name of Person Signing <b>CURTIS ELDRED</b>	Signature 	Telephone No. <b>(319) 436-2224</b>
Title of Person Signing <b>GENERAL MANAGER</b>		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	

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AS OF JANUARY 2018

Employee ID	Employee Name	Employee Status	Employee Status	Job Title	Job Code	Job Category/Detail	1.1 Executive/ Sr Level Officials & Managers	1.2 First/ Mid-level Officials & Managers	2 Professional	3 Technicians	4 Sales Workers	5 Administrative Support Workers	6 Craft Workers	7 Operatives	8 Laborers & Helpers	9 Service Workers	TOTAL	Notes	
46	CURTIS P ELDRED	Active	FULLTIME	GENERAL MANAGER	1.1	Executive/Sr Level Officials & Managers	X												
11	MITCHELL J. KLHN	Active	FULLTIME	PLANT MANAGER	1.2	First/Mid-level Officials & Managers		X											
44	PAMELA JO MARTENS	Active	FULLTIME	OFFICE MANAGER	1.2	First/Mid-level Officials & Managers		X											
30	JOYCE D CALVERT	Active	FULLTIME	OFFICE PERSONEL	2	Professional			X										
51	LAINIE C SCOTT	Active	FULLTIME	OFFICE PERSONEL	2	Professional			X										
36	CHAD M. LEFEVERE	Active	FULLTIME	IT	2	Professional			X										
5	MICHAEL A. VOGT	Active	FULLTIME	PLANT PERSONNEL	3	Technicians													
14	TODD A HEPKER	Active	FULLTIME	PLANT PERSONNEL	3	Technicians				X									
35	BEN W. ARBUCKLE	Active	FULLTIME	PLANT PERSONNEL	3	Technicians				X									
38	Joshua M. Robinson	Active	FULLTIME	PLANT PERSONNEL	3	Technicians				X									
41	BENJAMIN M LANSING	Active	FULLTIME	PLANT PERSONNEL	3	Technicians				X									
47	AUSTIN JOHN NARVESON	Active	FULLTIME	PLANT PERSONNEL	3	Technicians				X									
50	CODY A SOJKA	Active	FULLTIME	PLANT PERSONNEL	3	Technicians				X									
10	JUDY ANN ROBERTSON	Active	FULLTIME	OFFICE PERSONEL	5	Administrative Support Workers					X								
18	KELLY L ELLIOTT	Active	FULLTIME	OFFICE PERSONEL	5	Administrative Support Workers					X								
21	MARNIE D EDGERLY	Active	FULLTIME	OFFICE PERSONEL	5	Administrative Support Workers					X								
33	Cathy I Griffin	Active	FULLTIME	OFFICE PERSONEL	5	Administrative Support Workers					X								
48	JODY A TRAIT	Active	FULLTIME	OFFICE PERSONEL	5	Administrative Support Workers					X								
49	SYDNEY B ROBERTSON	Active	PARTTIME		5	Administrative Support Workers					X								
<b>TOTAL</b>							<b>1</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>		

Excluded as no hours during 12/31/2017-1/13/2018 payroll cycle